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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/608,184	MAY 26 2005
	Filing Date	June 30, 2000	
	First Named Inventor	Samuel N. Zellner	
	Art Unit	2134	
	Examiner Name	Christopher J. Brown	
	Attorney Docket Number	BS99224	

Total Number of Pages in This Submission: 11

## ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1.116 Response & Amendment to April 28, 2005 Advisory Action
Remarks:		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	May 26, 2005		

## CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Bambi Faivre Walters	Date	May 26, 2005
Signature	<i>Bambi Faivre Walters</i>		

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

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TOTAL AMOUNT OF PAYMENT

\$120.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

## The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>		
- 20 or HP =		
<u>Extra Claims</u>		
<u>Fee (\$)</u>		
<u>Fee Paid (\$)</u>		
<u>Multiple Dependent Claims</u>		
<u>Fee (\$)</u>		
<u>Fee Paid (\$)</u>		

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =			

HP=highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =			
	/ 50		
	(round up)		
	x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 37 CFR 1.17(a)(1) One month extension of time

120.00

## SUBMITTED BY:

Name (Print/Type)			Complete (if applicable)		
Bambi F. Walters			45,197		
Registration No. (Attorney/Agent)			Telephone: (757) 253-5729		
Signature			Date		
Bambi F. Walters			May 26, 2005		